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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *none JAK 8/29/05*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *none JAK 8/29/05*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met	Allowance Examiner's Signature <i>JAK 8/29/05</i>	Initials		

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## TITLE

Drink dispensing system

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